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ABSTRACT

This report discusses the 1992 educational efforts of Maryland's Department of Health and Mental Hygiene relating to Acquired Immune Deficiency Syndrome (AIDS). The state agency's strategy is coordinated by the AIDS Administration and is designed to educate key people--including designated trainers, health care providers, and peer leaders--who can assist in the task of ensuring that each Marylander understands how to protect himself or herself and others from the threat posed by further spread of the human immunodeficiency virus. Programs target populations which have been disproportionately impacted by the epidemic or whose behavior puts them at particular risk. The activities of several state agencies are described, including the Division of Public Education, Division of Youth Outreach, Division of Outreach to Special Populations, Division of Ethnic Community Programs, Division of Program Evaluation and Survey Research, Division of Professional Education, Division of Public Information, Alcohol and Drug Abuse Administration, Developmental Disabilities Administration, and Mental Hygiene Administration. Other initiatives are also highlighted, including the Dental AIDS Project, counseling and testing services, and work with local health departments. Four laws enacted in 1992 related to human immunodeficiency virus are noted. (JDD)

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ED 369 739

AIDS Administration

Public and Professional

Education and Training Programs

1992 Annual Report

to the

Governor

and General Assembly of Maryland

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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Department of Health and Mental Hygiene

July 1993

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Executive Summary

Despite scientific progress, AIDS continues to be a devastating, fatal disease. No vaccine has yet proven effective in preventing HIV infection. Therefore, educating people so that they know how to protect themselves from infection remains the chief means of preventing further spread.

The Department of Health and Mental Hygiene's response to the AIDS epidemic emphasizes the importance of personal responsibility in preventing the spread of HIV. Its programs continue to target populations which have been disproportionately impacted by the epidemic or whose behavior puts them at particular risk: ethnic minorities, young people, injecting drug users and their partners, and males who have sex with other males. As the epidemic enters its second decade, there is growing concern about the increase in AIDS among African Americans and women, and increased efforts are underway to reach those target populations with prevention information. The AIDS Administration works with individuals, local health departments, community-based organizations, coalitions, and public agencies so that the groups most in need of HIV education receive it.

Two outreach programs are designed to reach African American individuals at risk, through education and distribution of HIV/AIDS prevention materials. One program works through black churches, where key influencers are trained to provide education to individuals in the target areas. The other serves African American beauty salons, barber shops, nail salons and laundromats, where staff trained as key influencers encourage clientele who may be at risk of HIV disease to adopt safer habits and seek HIV testing and other related services.

Another initiative that continued with much success in 1992 is the STOP AIDS Campaign, which involves community organizations and individuals directly affected by HIV, including those at risk and those living with HIV, in the Baltimore metropolitan area. STOP AIDS is designed to educate specific target populations about HIV/AIDS prevention and treatment strategies.

Planning began in 1992 on a new project, "Second Step," where African-American males who have sex with men have been identified as the primary focus. Operated through the Baltimore City Health Department,

Second Step will feature support groups to offer HIV-positive individuals prevention education, skill development and resource referrals. The project is scheduled to be implemented in July, 1993.

Clients within local health department clinics and those being treated at DHMH residential facilities are also being targeted for HIV education. HIV Counseling and Testing Services (CTS) sites in all jurisdictions provide individual education and counseling about HIV infection and prevention, as well as HIV testing and post-test counseling, to persons seeking services. Clients in sexually transmitted disease (STD), family planning, and maternity clinics are encouraged to assess their own risk for HIV infection, and be tested, if they have engaged in high-risk behaviors.

New treatments, which are prolonging the lives of people with HIV infection, underscore the importance of ongoing education to ensure that Maryland health professionals know when and how to use new therapies. Therefore, the Department of Health and Mental Hygiene continues to present or co-sponsor many professional educational events for HIV/AIDS care providers.

Evaluation of educational programs in the field of HIV prevention is complicated. The desired impact of the programs is not simply an increase in knowledge, but rather a change in behavior. Knowledge, attitude, belief, and behavior (KABB) surveys are being used to assess changes in how target populations are thinking, feeling and acting on issues related tc AIDS.

Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a devastating disease, caused by the Human Immunodeficiency Virus (HIV). Despite scientific progress in understanding HIV, vaccines to prevent infection are not yet available.

Education can be an effective tool for controlling the HIV epidemic, but will only be effective if the learner is motivated to behave responsibly by changing risky behaviors and sustaining safe ones. Behaviors are complex; they result from a variety of factors including knowledge, attitudes and beliefs. The AIDS Administration continues to use surveys of selected populations to determine what people know or do not know about HIV and how their attitudes and beliefs are affecting behaviors.

With this information, the AIDS Administration and other Health Department units have developed outreach programs tailored to the needs and desires of target populations. For instance, children and young adults are encouraged to develop self-esteem and to become involved in church, school, or community activities; these factors seem to decrease the chances of early involvement in risky activities. Young people are also taught about the risks of drug or alcohol use and early sexual activity. This knowledge helps arm them against peer pressures. For an injecting drug user, the notion of abstinence must be linked to a drug treatment system with the capacity to treat the addict and in which the addict chooses to be treated.

Ethnic minorities, youth, drug users, women, and men who have sex with other men are targeted for the education programs described in this document. When planning and implementing these outreach programs, we select groups of people at increased statistical risk for HIV infection; but we know that it is individual behavior, not group membership, that results in HIV transmission.

The education of health professionals about HIV infection has always been a high priority, for these are the people to whom most Marylanders turn with health-related concerns. Education helps health care professionals overcome their own fears about HIV, their possible prejudices about those who are infected, and their possible reluctance to discuss sensitive

issues, such as sexual behaviors and drug use, with their patients. Education about infection control is also critical in preventing HIV transmission in the health care arena, thus protecting both patients and health care professionals. In 1992, infection control lectures were amended to incorporate the newly-released Bloodborne Pathogens Standard issued by the Occupational Safety and Health Administration (OSHA), and information about its enforcement by the Maryland Occupational Safety and Health (MOSH) staff.

All of these initiatives have been coordinated through the education components of the AIDS Administration. The Center for AIDS Education, comprising five separate divisions, concentrates on outreach initiatives to non-health professionals. The divisions are: the Division of Public Education, the Division of Youth Outreach, the Division of Outreach to Special Populations, the Division of Ethnic Community Programs, and the Division of Survey Research.

The Division of Professional Education, operating under the Health Services portion of the Administration, concentrates on education and training programs designed for health care professionals.

As more progress is made in treating HIV and its complications, health care providers are able to play an increasingly important role in reducing the human suffering resulting from HIV. This report documents the efforts of the AIDS Administration and its collaboration with other agencies in developing an educated, knowledgeable pool of health care professionals.

A summary of the Department's diverse efforts aimed at educating Marylanders about HIV and AIDS follows.

Division of Public Education

The Division of Public Education coordinates Maryland's educational efforts by providing resources, training, consultation, funding, and support to state agencies and community-based organizations, serving many different target groups.

Activities provided by the Division of Public Education during 1992 include:

- Distribution of Materials
- DHMH Employee Orientation
- Three-for-Free Condom Distribution Program
- Community Review Panel
- Statewide Information and Referral Services Hotline
- Resource Center
- Centerwide Professional Development
- Department of Public Safety and Correctional Services Training
- Developmental Disabilities Administration Training
- Substance Abuse Sexual Offender Education (SASOE)
- Funding of Regional AIDS Educators
- Resource Guide Distribution
- Department of Human Resources Training
- Targeted Outreach

I. Distribution of Materials

This service provides, upon request, HIV-related brochures, pamphlets, posters, statistical updates, training booklets, and condoms to educators, citizens, and prevention programs and organizations in all 23 counties and Baltimore City.

Efforts began in 1992 to target the distribution of materials to state agencies and community organizations which serve Marylanders who may be at a higher risk for HIV infection. Thousands of pieces of literature have been provided to the Division of Correction, local Departments of Social Services, Department of Human Resources, and drug treatment programs. An educational piece was also distributed to all clerks of the court for marriage license applicants. In 1992, this unit processed a total 1,139 requests, with 1,143,000 condoms and 1,025,000 brochures distributed. This represents a 4% increase from 1991.

II. DHMH Employee Orientation

In 1992, the Division continued to make available brochures containing AIDS-related information to all new DHMH

employees through orientations conducted by DHMH Training Services Division.

III. Three-for-Free Condom Distribution Program

This program, operated by the Maternal Health and Family Planning Office of the Local and Family Health Administration, with substantial funding by the AIDS Administration, provides free condoms and "how to use" information to 440 distribution sites across the state. These sites are available in every Maryland jurisdiction and are designed to reduce the barriers to condom use among populations at risk for HIV/AIDS, sexually transmitted diseases, unplanned pregnancy, and substance abuse. Sites that provide Three-for-Free AIDS prevention material include local health departments, state agencies, colleges, universities, community agencies, and health care settings. Over 3,080,000 million condoms were distributed in 1992.

IV. Community Review Panel

The Community Review Panel is a group of 15 citizens, including a Latino subcommittee, who, in conjunction with AIDS Administration staff, review and approve HIV prevention and education materials for use by the general public or specific subgroups in the community. This panel meets federal requirements for community involvement in AIDS prevention initiatives.

The panel convenes once a month, or as needed, to assess posters, brochures, video and audio presentations print advertisements, etc. In 1992, 41 educational projects were approved.

V. Statewide Information and Referral Services Hotline

The Maryland AIDS Hotline provides telephone HIV information/referral services statewide, 10 hours a day, 5 days a week, through the Health Education Resource Organization (HERO) under a contract monitored by the AIDS Administration. A 1-800 number, two Baltimore City numbers, and a TDD number can be used to call the Hotline. Volunteer staffers and paid hotline counselors assess caller needs and provide appropriate referral or HIV-related information. A special telephone directory is used by all volunteers, enabling rapid referral for all callers. The Hotline promotes its service via media and outreach efforts. All calls are documented and monthly demographic reports are compiled.

During 1992, 10,173 calls were received, representing a 2% increase from 1991. Of the callers, 52 per cent were female, 45 per cent male; 64 per cent were Caucasian, 32 per cent African American, 1 per cent Hispanic, and 2 per cent other.

VI. Resource Center

The Resource Center is an in-house reference and information retrieval center provided by the AIDS Administration to address educational and informational needs of DHMH staff, including the AIDS Administration, HIV/AIDS prevention/education professionals, community-based organizations, and interested citizens, including persons with AIDS.

There was a 55% increase in use of the Resource Center in 1992, with 1,200 users accessing a centralized collection of AIDS-specific reference and resource materials, including journals and collections. Access to AIDS-related databases via electronic searches of literature, online searches and orientation services are also available through the Center.

Other features of the Center include circulation of a monthly list of contents pages from publications available at the Center and production of a list of AIDS-related and AIDS-specific journals available in-house, at the Health Sciences Library at the University of Maryland at Baltimore and at the Welch Library at Johns Hopkins Hospital.

VII. Centerwide Professional Development

Staff within the Center for AIDS Education have established biweekly staff meetings for the purpose of providing professional staff development and training.

During 1992, the staff participated in 19 professional presentations. Each program focused on current linkages to HIV education, possible avenues for expansion of services, and identification of current and needed resources for a particular target population.

Topic areas covered during the '92 year included:

- Nutrition and AIDS
- OSHA Regulations for Bloodborne Pathogens
- Pediatric AIDS
- Oral Manifestations of HIV Disease
- TB & HIV
- Teen Programming: STAR Project, Planned Parenthood
- Peer Education for Inmates

- Grief & Loss Experiences of the HIV Educator
- New Advances in Medication
- Suicide Prevention
- Understanding Contracts & Grants
- Contract Monitoring
- Hotline Services
- STOP AIDS Campaign
- Nutrition & the HIV+ Consumer
- ARTA Campaign
- National Cancer Institute Looks at Pediatric AIDS
- Hepatitis and HIV
- Pastoral Perspectives of HIV Education

VIII. Department of Public Safety and Correctional Services

The Division of Public Education continued to assist several divisions within the Department of Public Safety and Correctional Services, including the pre-release services division, which distributed 9,000 pre-release safer sex kits provided by the AIDS Administration.

In 1992, train-the-trainer programs were provided to over 100 persons within state and local corrections and law enforcement agencies. Representatives from state institutions, local detention centers, contract medical staff, local and state law enforcement officers, and personnel from the state correction training academy participated in these programs. Also, the Bloodborne Pathogen Curriculum developed for the training programs was adopted by the state correctional officers training academy as the education protocol for HIV instruction.

The Policy and Procedure Manual for the Division of Correction was also revised, with input from the AIDS Administration, to include guidelines for the delivery of AIDS education to staff and inmates, the implementation of infection control procedures, confidentiality of inmate medical records, accessibility of HIV counseling and testing, and availability to medical care for persons with HIV infection.

HIV educational services to incarcerated persons were provided on two levels: direct response to inmate concerns via the "Ask George" column printed in eighteen established inmate newsletters; and the viewing of peer education videos. Twenty-six videos entitled, "AIDS Is an Inside Job," were donated to the Division of Correction as a direct result of collaborative efforts between Public Education staffers and field representatives of a major pharmaceutical company.

IX. Developmental Disabilities Administration (DDA)

Sixteen hours of training in intensive health education and prevention programs targeting the unique needs of clients served were provided to approximately 50 middle management and direct care DDA staff representing regional service locations throughout the state. Participants also received samples of prevention materials to initiate long term planning efforts for the delivery of educational services to staff and clients. Specialized learning instruments provided via the national Association of Retarded Citizens (ARC) Foundation, were incorporated into the standardized Maryland CARES teaching module to design a curriculum specific to the targeted population.

X. Substance Abuse Sexual Offender Education (SASOE)

In 1992, the second year of funding for all local jurisdictions, the SASOE Program successfully provided prevention education and risk reduction training to 424 offenders supervised by the Division of Parole and Probation. Program advances for the year included the development, printing and distribution of SASOE-specific brochures in Baltimore City and Prince George's County.

Interagency agreements between the AIDS Administration and the Division of Parole and Probation (P & P) were strengthened by linking local health department personnel with regional P & P office administrators throughout the state. Greater than 80% of all local health department SASOE Coordinators provided technical assistance to judges, court clerks, staff of the Public Defender's Office, and staff from the Alternative Sentencing Program to help these individuals understand SASOE program goals, objectives and target populations.

SASOE serves as a valuable linkage to other local health department services. Persons participating in SASOE are introduced to the availability of HIV counseling and testing services, local drug and alcohol treatment services, prenatal clinics, STD clinics, and nutrition information.

XI. Regional AIDS Educators

The Division awards six grants to local health departments, which fund seven HIV educators to provide regional support of HIV education needs. These educators are active in 16 counties.

The educators plan single or multi-county programs in HIV education, and consult with county

agencies, community-based organizations, groups and citizens. They serve on task forces, provide direct training upon request and speak at community events, schools, worksites and clinics. In addition, they distribute resource materials to libraries, substance abuse treatment centers and correctional centers and keep the AIDS Administration up-to-date on statewide educational needs.

A highlight of 1992 activities was the display of a portion of the AIDS Quilt at Frostburg State University. Radio, TV and newspaper coverage of this event was extensive.

Region	# Attending	Materials Distributed
* Allegany, Garrett,	4,059	8,788
* Washington	5,836	7,000
* Harford, Cecil, Kent	6,891	55,169
* Howard, Frederick, Carroll, Montgomery	609	2,550
* Prince George's, St. Mary's, Calvert, Charles	1,868	4,020
* Somerset	1,803	4,256
* Talbot	1,303	2,485
Totals	22,369	84,268

1992 Regional AIDS Educator Activity

XII. Resource Guide

During 1992, the AIDS Administration Resource Guide was mailed to community-based organizations, colleges, health centers and other institutions upon request. This guide contains a comprehensive list of HIV/AIDS-related care and service organizations.

XIII. Department of Human Resources

Technical assistance, guidance, educational material and services are provided to Department of Human Resources (DHR) staff and clients by this Division.

DHR provides income maintenance and social services to needy individuals and families. An educational card was developed and distributed to 65,000 Income Maintenance clients statewide by Income Maintenance workers during the application process. These inserts included messages to help change attitudes and behaviors that increase one's risk for HIV infection. Also in 1992, 190 Social Service workers were provided training in HIV prevention.

XIV. Targeted Outreach

The Baltimore City Health Department (BCHD) was funded to provide public information services, including a series of radio spots that were produced and aired throughout the summer. In addition, BCHD staff were featured on numerous radio talk shows, and information and educational materials were provided at various community events, including the annual three day AFRAM Festival.

The Health Education Resource Organization (HERO), with funds channeled through the Baltimore City Health Department, conducted outreach activities. HERO staff addressed a total of 3,105 people in 58 separate presentations. A curriculum for use in training individuals who will work with recreation centers, schools, scout groups, etc. was developed by HERO.

Division of Youth Outreach

The Division of Youth Outreach provides HIV/AIDS education, training and prevention services to Maryland youth between the ages of 11-24, adults who work with youth, and youth-serving agencies and organizations. The primary goal of the Division is to reduce the spread of the HIV among youth.

Programs and services monitored by the Division of Youth Outreach during 1992 include:

- Sexual Minority Youth
- Job Training and Post-Secondary Institutions Targeting Young Adults
- Department of Juvenile Services
- H.O.T. -- Health Opportunity for Teens
- S.A.D.D. -- Students Against Drunk Driving
- Baltimore City "On the Streets"
- Minority Young Women of Childbearing Age and their Sexual Partners.

I. Sexual Minority Youth

This program is funded by the AIDS Administration to provide HIV/AIDS education, prevention and risk reduction to sexual minority youth throughout the State of Maryland. Sexual Minority Youth Programs target youth who identify themselves as gay, lesbian or bisexual. Programs are located in Prince George's and Montgomery Counties, Anne Arundel County, the Lower Eastern Shore, Frederick County, and the Baltimore Metropolitan area. The programs reached 530 participants in each of the targeted areas, exceeding the program goals of 265 youth per program.

II. Job Training And Post-Secondary Institutions Targeting Young Adults

This program, initiated in June, 1992, is designed to develop a network of post-secondary institutions and job training centers to facilitate HIV/AIDS education and training for staff and peer educators. Some of the services offered include: assisting with policy development, program design, staff training, and the distribution of educational information and materials addressing the HIV/AIDS epidemic.

The program targets over 80 sites in Maryland -- post-secondary institutions, two Job Corps sites and several job training sites that serve a

large youth population. Since the implementation of the program, six minority colleges and universities, five from Maryland and one from Delaware, have formed a consortium named the Del/Mar AIDS Coalition. As a result of this program, colleges have sponsored health fairs featuring HIV/AIDS prevention messages, teacher training, peer education activities, AIDS Awareness Day and Campus Valentine's Day HIV/AIDS activities. Approximately 10,250 condoms and 5,600 pieces of literature were provided to colleges and universities by the Division for distribution. Cumulatively, 1,600 peer and staff educators have received HIV/AIDS training at various colleges and Job Corps sites.

III. Department of Juvenile Services

The Division currently provides HIV-related staff training, policy development, program planning and development to the Department of Juvenile Services (DJS) in their vendor program. As a part of the educational intervention, detained youth are reached through the use of staff training programs and co-teaching at detention centers, group homes, substance abuse facilities, youth diversion programs and alternative sentencing facilities. A total of 274 DJS and vendor staff and 993 youth were provided HIV/AIDS education in 1992.

IV. H.O.T. -- Health Opportunities for Teens

Funds are provided to the Health Opportunity for Teens (H.O.T.) Project by the AIDS Administration through the Baltimore County Health Department. The goal of the HOT project is to reduce the incidence rates of teen pregnancy and HIV infection among youth who practice at-risk behaviors. HOT employs a full-time social worker and a part-time nurse in eastern Baltimore County at the Adolescent Family Clinic at the Essex Health Center and the Comprehensive Wellness Center at Kenwood High School. In 1992, 5,003 adolescents and 1,000 parents participated in HOT program activities.

V. S.A.D.D. -- Students Against Drunk Driving

The AIDS Administration provides funds to Baltimore County Office of Substance Abuse for the Students Against Drunk Driving (SADD) project. This project uses HIV/AIDS prevention messages to increase awareness among youth in relation to substance abuse. Forty SADD peer leaders have

been trained in HIV/AIDS issues to educate their peers in a school-based setting. In addition, SADD provided HIV-positive speakers for 4,400 students at workshops and assemblies.

VI. Baltimore City "On The Streets"

This project, funded by the AIDS Administration through the Baltimore City Health Department, educates street youth -- non-matriculating youth and young adults in HIV/AIDS prevention behaviors through lock-ins (overnight educational and social events), street parties, talent shows, neighborhood outreach, and outreach in sites where youth congregate. Three adult near-peers and three young adult peers made 31,923 contacts, distributed 16,641 pieces of literature and 28,644 condoms. In addition, this project provided staff assistance to a health services van operated by the Ujima Women's Outreach Project, which travels through Baltimore City to provide education, counseling and testing to at-risk individuals.

VII. Minority Young Women of Childbearing Age and their Sexual Partners

This project has four vendors, serving Cecil and Harford Counties; Dorchester County; Prince George's County; and Somerset, Wicomico, and Worcester Counties. Activities include peer-to-peer HIV outreach and education in a variety of settings, including at migrant camps on the Eastern Shore, at summer camp facilities in Harford and Cecil Counties, and at churches, recreation facilities and group homes in Prince George's County. In 1992, 92 peer educators provided HIV education to 2,474 youth.

Division of Outreach to Special Populations

The Division of Outreach to Special Populations (DOSP) develops and promotes group and community strategies to:

- help individuals initiate and/or sustain behavior that will eliminate or reduce their risk of becoming infected with HIV/AIDS; and
- to assist HIV-infected individuals to adopt behaviors which will prevent transmission of HIV to others.

The Division specifically targets groups and communities of persons who are hard-to-reach and whose behaviors put them and their sexual partners at highest risk for infection.

During 1992, the Division managed:

- The STOP AIDS Campaign: A Commitment to Caring
- Personal Risk Reduction Kits/Condom Distribution
- Risk Reduction Advertising
- Outreach to the Deaf and Hard-of-Hearing
- "Second Step": Self-Help Support Group Project

I. The STOP AIDS Campaign: A Commitment to Caring

Since 1990, the STOP AIDS Campaign has involved community organizations and individuals directly affected by HIV, people at risk for HIV infection, and people living with HIV, in the development and delivery of HIV/AIDS prevention education services, and in the development of a community-based prevention education model.

Although the prime vendor for STOP AIDS is the Maryland Association of Non-profit Organizations (MANO), the Campaign is a working partnership among the AIDS Administration, the vendor, and the people and communities - defined both geographically and sociologically - who are most heavily impacted by HIV/AIDS in the Baltimore metropolitan area.

This project responds to community issues and needs by fostering trusting relationships among participants, organizing a coalition of community groups and individuals, conducting community-based assessments, and developing new models for prevention and support which directly respond to the expressed needs. By design, the project's target population reflects the current epidemiological trends of HIV infection in the Baltimore metropolitan area.

A. Community Mobilization and Group Empowerment

The STOP AIDS Campaign links more than 30 state, county, and city public health agencies and community-based organizations in the Baltimore

metropolitan area into a community-level HIV prevention project. Many of these organizations are "new" to AIDS, including groups which have direct access to populations targeted by the campaign. The target populations of the Campaign are:

- Women of child-bearing age who engage in risk behaviors;
- Persons who engage in same-sex HIV risk behaviors (gay and non-gay identified);
- Substance users/abusers;
- At-risk youth and young adults not in school; and
- The deaf and hard-of-hearing.

By the end of 1992, the STOP AIDS Campaign succeeded in reaching and educating over 39,454 persons ranging in ages 18-86 years. Of those reached, 57% were males and 43% were females; and 72% were African-American, 27% Caucasian, and 1% Other races. Of the total number of persons reached, 1,759 made personal commitments to participate in the STOP AIDS Campaign.

B. Campaign Organization

The STOP AIDS Campaign is organized at the grassroots level and is guided by principles of community action. The principles which guide the Campaign include:

- a personal commitment to stop HIV transmission,
- a community commitment to encourage HIV/AIDS education and prevention projects, and
- continued support to initiate and sustain community normative behavior changes among peer groups which eliminate or reduce HIV transmission.

Over 200 highly trained "Key Leader" volunteers comprise the membership of five committees: steering, program, outreach, evaluation, and media. These committees convene from time to time to plan and implement many of the Campaign's activities. Each committee has a decision-making role in the Campaign and in determining new initiatives for outreach, health education, and risk reduction to target populations.

C. Leadership Training and Development

These "Key Leaders" have received intensive training in AIDS education, STOP AIDS philosophy, outreach strategies, skills development, and leadership. Ranging in age from 20-65, the volunteers have been trained to participate in all aspects of the Campaign. Key Leaders are representative of the target populations and have been highly effective in accessing and educating hard-to-reach persons.

Key Leaders are requested to provide monthly activity reports to the Campaign which identify the total number of persons educated, a demographic profile of the groups accessed, and brief information on their response to the activity.

Approximately 210 deaf/hard-of-hearing persons have received HIV risk-reduction messages, and an additional 20 have been trained as Key Leaders.

To achieve the objectives of the project, the STOP AIDS Campaign has defined the methodology and categorized messages which participating community-based organizations, Key Leaders, and other volunteers must communicate. The four basic messages of the Campaign include: safer sex messages; drug abstinence and safer drug use messages; referral of at-risk persons to HIV counseling and testing sites; and referral to health care facilities for individuals who are HIV infected.

Standardization of these messages has been accomplished in STOP AIDS training and their incorporation into outreach activities is documented in reports which require demographic data, the type and number of messages given, commitments made to eliminate/reduce HIV risks, and referrals made to other services. A written pre- and post-training evaluation of STOP AIDS Key Leaders is administered during training sessions.

D. Outreach Activities

Multiple strategies and diverse activities are used in the Campaign. Each of these activities include an invitation to eliminate or reduce individual risk behaviors and an offer to make a personal commitment to the STOP AIDS Campaign.

These strategies and activities include:

- Street outreach (which includes bars and after-hours meeting places) accessing over 1,200 persons,
- Home parties promoting safer sex and abstention from drugs or adoption of safer drug behaviors; with 10 activities reaching over 200 persons,
- Small group discussion meetings and support groups for HIV positive persons hosted by Key Leaders and other volunteers, reaching 1,882 persons,
- Special event presentations to groups over 50 persons, i.e., health fairs and public festivals, conferences and workshops, reaching 13,655 persons;
- Distributing a STOP AIDS Campaign calendar and other pertinent literature, reaching over 1,200 participants.

II. Personal Risk Reduction Kits/Condom Distribution

The Division has designed and manufactured a personal risk reduction kit with federal funds provided by the Centers for Disease Control and Prevention. The kits contain instructions on preventing HIV transmission, 2 latex condoms, 1 tube of a water-based lubricant containing non-oxynol 9 spermicide, and instructions on proper use. The personal risk reduction kits are supplied to the STOP AIDS Campaign,

where they have become a basic tool for all peer outreach workers and for participating community-based organizations. During 1992, the Division distributed over 58,000 kits, and an additional 28,000 condoms.

III. Risk Reduction Advertising

In 1992, the Division provided leadership in the development of a health communications protocol which will guide the Administration's production and dissemination of written and spoken HIV/AIDS messages to all Marylanders. Over 30 community members were involved in the pre-testing of this protocol. The Division also communicated with four computer-based public information services to review current AIDS/HIV information and to post safer sex and safer drug using behaviors. The messages were available to over 20,000 persons who use these services.

IV. Outreach to the Deaf and Hard-of-Hearing

The Division continued to operate the Administration's telecommunications device for the deaf (TDD), allowing contact with over 50 deaf callers in 1992. The Division Coordinator is a member of the DHMH Advisory Committee on Deafness, which makes recommendations to the Health Secretary on deaf issues.

The STOP AIDS Campaign has trained 20 deaf/hard-of-hearing persons as Key Leaders, and another 210 have received HIV risk-reduction interventions. These specially trained deaf volunteers will work within community-based organizations to advance HIV/AIDS education and prevention and will serve as individual outreach workers in STOP AIDS activities.

The Family Service Foundation (FSF) of Baltimore, under contract with the STOP AIDS Campaign, reported on significant developments in accessing and educating deaf persons at increased risk; to date, FSF reports, over 50 deaf persons have tested positive for HIV and are in need of case management services in Baltimore.

V. "Second Step": Self-Help Support Group Project

In 1992, this project was revised to reflect the changing patterns of HIV/AIDS in Maryland and current available HIV health education/risk reduction support groups in the mid-Atlantic region. African-American males who have sex with men have been identified as the primary focus of the project. A Unified Grant Award was negotiated with the Baltimore City Health Department to promote a relationship between the city and community-based organizations to serve high HIV risk clients. Support groups will be formed to offer HIV-positive individuals prevention education, skill development and resource referrals. The implementation phase of the project is scheduled for July, 1993.

Division of Ethnic Community Programs

The Division of Ethnic Community Programs provides funding and technical assistance to local health departments and community- based organizations (CBO) engaged in outreach and educational activities targeting minorities at risk of HIV disease and AIDS.

Projects are often developed within the division and later passed on to the local health departments or vendors that have the capability to effectively reach the target population. The following is a description of HIV prevention activities conducted and monitored by this division during calendar year 1992.

I. Project S.T.A.R. (Sisters Together and Reaching)

S.T.A.R. is a community-based organization which provides supportive services, as well as HIV education and outreach, to African American women who are infected or affected by HIV disease.

Funding was provided to the Baltimore City Health Department, which in turn sub-contracted with this CBO to conduct the project.

The STAR Project provides culturally appropriate community-based support services and education which specifically addresses HIV-infected African American women and their children. STAR is dedicated to improving the quality of life of these women and their families by addressing their needs, concerns, and fears resulting from their health status. The goals of STAR are to:

- reduce the social isolation of HIV-infected African American women and their family members,
- increase the participants' knowledge of substance abuse as it relates to HIV/AIDS, and
- provide HIV/AIDS education and outreach for the participants who reside in specific zip code areas of Baltimore City.

STAR served a total of 153 HIV infected women in 1992, and recruited 144 volunteers. Six training sessions for church women were conducted. Through contributions from different churches and organizations, the program coordinator developed a voucher system to provide help in emergency situations such as evictions

and utility cut-offs. They had a total of 2,322 contacts in the community, including volunteers, program participants, and their relatives. Ten referrals were made for counseling and testing services.

STAR has also established a Peer Support Group that meets weekly and offers social, emotional, and spiritual support to approximately 40 HIV+ women. STAR has an ad hoc support group specifically for family members. This group was formulated to address health issues of HIV infected family members and to offer support to concerned family members.

II. Project H.O.P.E. (Home Outreach Prevention Effort)

The Baltimore County Office of Substance Abuse (BCOSA) has been awarded funds to provide an HIV/AIDS education and prevention initiative to minorities residing in low-income housing developments in Baltimore County. The goals of the project are:

- to increase the knowledge of the minorities residing in Baltimore County of the risk of HIV/AIDS and other STDs;
- to inform minorities residing in this area of the relationship of substance abuse and unsafe sex practices and HIV disease;
- to increase the number of minorities requesting testing for HIV disease who may have histories of substance abuse or unsafe sex practices;
- to increase the number of minorities requesting testing for HIV disease who may be sexual partners of substance abusers; and
- to solicit local minority organizations and individuals with an interest in providing additional HIV/AIDS education or services to persons that may be HIV infected.

HOPE has hosted 35 "safer sex" social events. A total of 457 persons attended these sessions and signed log sheets indicating their commitment to share the information with at least one other person. Therefore, a minimum of 914 persons have been reached by this outreach initiative. Each participant received a resource guide of available counseling and testing sites; and 2,500 condoms and 4,000 pieces of HIV/AIDS educational materials and literature were distributed to participants.

III. Metro Baltimore Beauty and Barber Shop Community Outreach Project

Morgan State University, an historically African American institution, manages contracts for the AIDS Administration in which three CBOs provide HIV/AIDS education to the staff of beauty shops, barber shops, nail salons and laundromats which serve predominantly African American clientele in the Baltimore Metropolitan Area (BMA).

The purpose of this project is to increase the knowledge of HIV disease and AIDS among the staff and clientele of hair care providers, manicurists and laundromat attendees in minority communities in the BMA. A key goal of the project is to develop a consortium of community-based organizations to provide culturally sensitive HIV/AIDS education to the target population.

The project will encourage the clientele of these establishments who may be at risk of HIV disease to adopt safer habits and seek HIV testing and other related services.

Sixty-five hair care professionals in 30 beauty/barber shops have been trained as key influencers in the BMA. All of the trained hair care professionals were given resource information regarding counseling and testing sites, as well as treatment centers. Hair care professionals are reporting that customers are responding positively to the information that is presented. The posters and brochures stimulate open HIV/AIDS discussions. During the course of this project, 1,900 condoms and 1,200 pieces of HIV/AIDS educational materials have been distributed.

IV. Key Influencers

This project targets African American communities in Wicomico, Dorchester, Talbot, Baltimore, and Prince George's Counties and Baltimore City by identifying and training individuals as Key Influencers. These Key Influencers, all members of the African American community, are educated about HIV disease so they can in turn educate their extended family systems and communities.

Key Influencers assist "at risk" individuals to adopt and sustain appropriate behaviors that will reduce their risk for HIV/AIDS and other STD's. Populations are considered to be at high-risk if they:

- are men or women who engage in high-risk, same sex behaviors,
- are drug users (injection or non injection), or their sexual partners,

- trade sex for drugs or money,
- have a history of STD's, and
- have a history of unplanned pregnancy.

Persons at high risk for HIV infection are reached through a variety of outreach methods such as: street outreach, one-to-one and small group education, safer sex parties, peer education and education through the "Key Influencer" approach.

Seven Key Influencer projects were operational during 1992 Vendors report that their activities were shared with 12,491 people through one-on-one workshops, group presentations, safer sex workshops, and health fairs.

During 1992,

- 4,880 persons were referred to Counseling and Testing Services,
- 300 persons were referred for addictions treatment,
- 2,800 persons were referred to STD clinics,
- 850 persons were referred to the Teen clinic,
- 47,370 condoms and 40,489 pieces of literature were distributed,
- 29,000 newsletters were distributed, and
- 176 newly trained Key Influencers were deployed in Baltimore City, Prince George's, Wicomico, Dorchester and Talbot Counties.

V. African American Church-Based Program

Members of selected African American Churches and religious organizations in specially targeted communities are trained as educators and provide intensive health education and risk reduction interventions through small groups and individual approaches.

During 1992:

- 6 Training classes were conducted at Maryland churches,
- 94 participants enrolled and 74 completed the twenty hour training course, and
- trained participants made 1,003 outreach contacts.

VI. SALUD - Hispanic Hotline

The Division of Ethnic Community Programs funds SALUD, Inc. to provide a fifteen-hour-a day culturally sensitive HIV/AIDS information and referral hotline for the Spanish speaking population in Maryland. The hotline is

in operation seven days a week, including holidays, through a 1-800 toll free number. An answering device is provided to cover the period from midnight to 8:59 a.m.

There were 1,474 callers to the hotline during 1992, with 749 persons referred to CTS and 700 individuals referred to health care facilities. More than 370 packets (377) containing educational materials in Spanish and condoms were sent to the members of the Spanish-speaking community. Over 58 per cent (58.3) of the callers were male, 41.7 per cent female.

Advertisements promoting the hotline have appeared weekly in "El Latino" and biweekly in "El Pregonero de las Americas", Spanish newspapers widely read in the target community. Four public service announcements in Spanish were aired on Radio Mundo (WMDO) and TV channel 48, located in the District of Columbia area.

Bi-monthly in-service trainings were held for all volunteers.

VII. Baltimore American Indian Center (BAIC)

The Native American Outreach Project, designed to reach American Indians at risk, began in April, 1992. Funds to conduct the project were awarded to the Baltimore American Indian Center (BAIC), through the Baltimore City Health Department.

Use of peer educators to conduct educational activities focusing on the prevention of HIV disease is the main goal of the project. The peer educators, all members of the American Indian community, are trained to provide education and prevention information to their families and friends.

During 1992 the BAIC made 339 contacts, referred eight people to CTS, and referred 14 individuals to substance abuse detoxification clinics. According to reports from the vendor, 2,750 condoms and 4,890 pieces of literature were distributed.

The vendor trained 128 peer educators in ages ranging from 14 to 78, the mean age was 20. Out of the people trained, 93% were Native Americans and 7% were of other ethnic groups; 53.2% were males and 46.8% females.

VIII. Outreach to Minorities in Baltimore City

Funding was provided to the Baltimore City Health Department (BCHD) to conduct education and outreach activities targeting minorities. Although a portion of these funds were used to maintain staff, BCHD was able to make

awards to the following CBO's:

- Street Voice
- Black Educational AIDS Project
- Oliver Street Community Association
- African American Men's Leadership Council
- P.W.A. Coalition

These organizations were very successful in reaching the substance abusing population: men and women, including those identified as gay, lesbian and bi-sexual, and young adults at risk of HIV disease. The outreach workers were usually members of the targeted communities, therefore able to gain the trust and respect of those persons participating in the educational intervention.

Funding was also provided to BCHD to pay salaries of staff whose responsibilities included presenting HIV/AIDS education and information to the Hispanic Community and to persons being held at the Baltimore City Detention Center.

IX. Hispanic Outreach

A staff person assigned to this division provides outreach, education and technical assistance to the Hispanic community throughout Maryland. This staff person meets on a regular basis with representatives from Hispanic organizations, outreach workers from local health departments and community-based organizations.

Division of Program Evaluation and Survey Research

The Division of Program Evaluation and Survey Research measures the implementation and impact of community-based education programs sponsored or conducted by the AIDS Administration and the conduct, analysis and presentation of special and general population surveys of knowledge, attitudes, beliefs and behaviors regarding HIV/AIDS.

During 1992, the Division of Program Evaluation and Survey Research:

- conducted a survey of the members of the National Association of State AIDS Directors (including all 50 states, Puerto Rico, the Virgin Islands and Washington, D.C.) to assess requirements for reporting of patient information on persons with HIV infection without AIDS. Additional goals were to assess the impact of initiation of name reporting on numbers of persons tested for HIV and to determine if any state had experienced problems associated with patient confidentiality. A summary report will be completed during 1993;
- worked with the Division of Counseling and Testing Services (CTS) to implement new optically scanned data collection forms provided by the Centers for Disease Control and Prevention (CDC). Use of these forms, which replaced previous CTS forms, required establishing new data handling and processing procedures at the AIDS Administration and the provision of training programs for CTS counselors across the State;
- assisted in a collaborative effort to develop a mechanism for assessing the jurisdictional need for CTS services in Maryland. The formula for determining need which was constructed includes 16 variables collapsed into three broad categories; and
- continued to analyze data from the two most recent telephone surveys sponsored by the AIDS Administration (the General Population Telephone Survey, 1991; and the African American Telephone Survey, 1990). Results from these analyses are provided to Division Chiefs and

Project Monitors in the Center for AIDS Education to assist in planning and refining prevention programs, by indicating educational topics of interest to the population and understanding the population's perception of risk of HIV infection.

Division of Professional Education

The Center for Professional Education and Patient Services is responsible for planning, implementing, and evaluating a comprehensive array of accredited educational programs targeting thousands of licensed health care workers and many unlicensed or ancillary providers of health care and other related services in Maryland.

Activities conducted or funded by the Center during 1992 include:

- HIV Counselor Training
- HIV Case Management Course
- Maryland HIV Diagnostic Evaluation Units (DEU)
- Communicable Diseases Bulletin Publication and Distribution
- The Maryland AIDS Professional Education Center Training
- AIDS Education Activities: HIV Case Coordinators
- Infection Control

I. HIV Counselor Training

HIV Counselor Training for Local Health Departments, drug treatment programs and the Division of Correction has been provided for three years, evolving from a basic four-day course to a training continuum which includes:

- Basic and Advanced HIV Counseling
- Basic and Advanced Addictions Concepts for HIV Counselors
- Supervisory Skills

The training program combines theoretical content and skill building in the areas of risk assessment, values clarification, sexuality, cultural diversity, HIV transmission and prevention, grief and loss, death and dying, legal and ethical issues, and referral resources. This program targets nurses, physicians, and counselors based in designated counseling and testing sites, STD clinics, drug treatment centers, TB centers, corrections facilities, women's health clinics and other sites serving people at risk. Ongoing course evaluation, using pre- and post-tests, has identified a consistent increase in knowledge by course participants at time of course completion.

These courses have been developed and implemented in collaboration with the University of Maryland AIDS Professional Education Center and Schools of Medicine, Nursing and Social Work; Baltimore STD/HIV Prevention Training Center;

HERO; and Training III Family Planning Council of Southeastern Pennsylvania. In 1992, 319 counselors received training through this program, including: Level I (Basic) Training -- 189; Level II (Advanced) Training -- 34; Supervisory -- 13; and Addictions Training for HIV Counselors -- 83.

Course evaluations indicated increased knowledge, skills and participant satisfaction. Registration continues to be at maximum for each course with an ongoing waiting list in place.

II. HIV Case Management Course

In an effort to increase the skills of HIV Coordinators (Case Managers), the AIDS Administration conducts a two-day HIV Coordinator Training. Main areas addressed include natural history and treatment of HIV disease, care plan development, accessing resources, and working effectively with clients and their families. In 1992, 60 HIV Coordinators (Case Managers) attended three, two-day trainings throughout Maryland.

III. Maryland HIV Diagnostic Evaluation Units (DEU)

Begun in 1988, the Diagnostic Evaluation Unit (DEU) project was developed and funded by the AIDS Administration through the state's two medical schools to address the special health care needs of HIV-infected patients for comprehensive evaluation and care plan development, statewide long-range health care planning and program evaluation, and training and consultation for local health care providers.

During 1992, each of the DEUs provided a variety of trainings and consultations to local health care providers. In all, the Diagnostic Evaluation Units -- Johns Hopkins Hospital; University of Maryland at Baltimore, Pediatric AIDS Program; and Montgomery and Prince George's counties -- presented 89 programs to 4,410 individuals. Topics included Psychosocial Issues/HIV; How to Develop a Care Plan; Urban Case Management; and Clinical Management of HIV disease.

The Johns Hopkins DEU also includes an infectious disease specialist-staffed hotline providing consultation to 2,500 providers statewide each year, and The Moore News, a quarterly newsletter sent to over 5,000 providers and patients statewide.

IV. Communicable Diseases Bulletin

The Communicable Diseases Bulletin is a monthly bulletin published in conjunction with various state communicable diseases officials and academically based HIV experts. During 1992, the bulletin was mailed to 14,000 Maryland physicians, 700 physician assistants, and 700 nurse practitioners. In addition, all local health officers and HIV Coordinators (Case Managers) receive the bulletin, and an additional mailing of the May issue was sent to 5,600 dental professionals (3,750 dentists and 1,850 dental hygienists) licensed in Maryland. This bulletin provides an excellent opportunity to educate and update physicians regarding HIV prevention, detection, and treatment.

In 1992, topics included:

January, 1992

- Providing Psychiatric Care for Patients Infected with HIV
- AIDS Trials at NIAID/NIH

February, 1992

- Evaluation: HIV Wasting Syndrome
- CDC Self Study Course on Western Blot Test
- Change from IVDU to IDU
- Calendar of Events

March, 1992

- Maryland AIDS Drug Assistance Program Regulation Changes
- Reader's Survey
- Calendar of Events

April, 1992

- HIV and Fever
- AIDS Clinical Trials at NIH

May, 1992

- Tuberculosis Letter
- Cleaning, Disinfection and Sterilization in Office Practice

June/July, 1992

- How to Comply with the MOSH Bloodborne Pathogen Standard

August, 1992

- Immunization Update

September, 1992

- Directory of Counseling and Referral Resources for HIV Seropositive Persons

October, 1992

- Ryan White Comprehensive AIDS Resources Emergency (Care) Act
- AIDS Studies at NIAID/NIH
- Calendar of Events

November, 1992

- Cognitive Impairment and Dementia in HIV Infection
- HIV Willful Exposure/Reckless Endangerment

December, 1992

- Selected HIV Serosurveys in Maryland 1988-1992

V. The Maryland AIDS Professional Education Center

The Maryland AIDS Professional Education Center (MAPEC) is a project of the University of Maryland Medical Center, the University of Maryland School of Medicine, the AIDS Administration of the Maryland Department of Health and Mental Hygiene, and a sub-contractor of the Mid-Atlantic AIDS Education and Training Center. MAPEC provides expert medical faculty to train health care providers about the latest interventions for both prevention and care for HIV disease among our citizens.

Center staff are personally involved on a day to day basis with the diagnosis and management of HIV disease; therefore, credibility with other health care workers is high. This enables MAPEC to fill an important role as educators and trainers for the Health Department's outreach to the private, community-based health practitioner. Furthermore, the Education Center provides the Health Department ready access to the academic and institutional resources of the University of Maryland. These resources include collaboration and course accreditation with the Schools of Social Work, Nursing, Medicine, Pharmacy, and Law; and access to the Health Sciences Library, the COSY electronic bulletin board, the Health Data Management Center, reproduction facilities, graphic artists, volunteer services, the satellite down link, conference and education facilities, and state of the art research and treatment expertise of the undergraduate and graduate professional schools. In addition to close collaboration with the University, the Education Center has a long established training link with over 20 other health and education organizations in the area, with whom collaboration and cosponsorship of courses has been on-going.

In conjunction with the AIDS Administration, the education center during 1992 provided 120 separate events to 3,982 participants. The courses were located throughout the State of Maryland, included sites in Baltimore County, Baltimore City, Washington County (Hagerstown), Harford County, Howard County (Columbia), Wicomico County (Salisbury), Dorchester County (Cambridge) and Anne Arundel County (Annapolis).

Programs vary from 1 hour to 4 days and have included physicians, nurses, mid-level practitioners (nurse practitioners, nurse midwives, and

physician assistants), dentists, dental hygienists, counselors, addictions workers, administrators, educators, and students of the health professions.

In conjunction with the Mid-Atlantic ETC, the education center provided an additional 100 courses attended by over 2,000 participants. These courses focused on the clinical care of HIV infected individuals in formats ranging from lecture/slide talks to hands-on clinical care.

VI. AIDS Education Activities: HIV Case Coordinators

Educational programs are conducted by local health department-based HIV services coordinators as part of ongoing clinical services or in response to community requests.

These presentations are reported monthly by the HIV services coordinators. Of primary importance was reaching clients in all adult clinics: Maternity, Family Planning, STD, TB and Adult Health as well as adolescent health clinics. There were a total of 51 presentations educating 2,696 during 1992.

VII. Infection Control

During 1992, the Division planned, coordinated, and implemented continuing educational programs on infection control for health care providers in public and private agencies. Agencies involved included the Mental Hygiene Administration; Developmental Disabilities Administration; the DHMH Division of Infection Control, Epidemiology and Disease Control Program; the Maryland Fire and Reserve Institute, University of Maryland Special Programs Section; Prince George's County Medical Society; Health Care for the Homeless of Baltimore City; and Maryland Occupational Safety and Health (MOSH).

Together with the AIDS Administration Division of Public Education and the Mental Hygiene Administration, the Center presented regional HIV Train the Trainer programs to employees in DHMH facilities, preparing them as certified HIV trainers for their facility. Each training session provided epidemiological data, infection control guidelines, DHMH policy and procedure information, skill building for potential facilitators, and HIV education. Six sessions were held in 1992, with 300 employees trained.

MOSH and other State agencies presented regional programs to assist in the implementation of the Bloodborne Pathogen Standards. AIDS Administration staff assisted in

four training sessions in 1992, with 201 individuals in attendance.

Private sector programs covered basic information about HIV and the modes of transmission. Health care providers were given tips on the use of barriers and how to prevent exposures.

Thirty-one programs were presented training 1500 health care workers which included physicians, nurses, ancillary staff such as dietary, laundry, maintenance, housekeeping and porters, paramedics, fire chiefs, social workers, nursing assistants, technicians, therapists, administrative staff, secretaries, health officers, morticians, police, psychologists, and teachers.

Dental AIDS Project

In 1992, a series of seminars was coordinated by the dental consultant and conducted throughout Maryland to train dental health care workers on HIV/AIDS, infection control, and regulatory compliance with Maryland law.

A total of 2,479 participants attended these dental programs. Seven day-long educational seminars were attended by 1,339 dentists, dental hygienists and dental assistants; 1,012 dental professionals attended five half-day programs; and 128 dental team members participated in four two-hour presentations.

These programs were co-sponsored by the AIDS Administration, in conjunction with the Perry Point Veterans Administration Medical Center - Chesapeake Health Education Program, Maryland State Dental Association and/or local societies, local health departments, or the University of Maryland at Baltimore Dental School.

The AIDS Administration also sponsored other educational seminars at which the dental consultant made presentations. A total of 543 allied health professionals (physicians, nurses, social workers, etc.) and public employees attended 15 programs for non-dental health professionals on AIDS related subjects such as health care worker occupational risk for HIV, HIV pathophysiology and epidemiology, oral manifestations of AIDS/HIV disease, and the Bloodborne Pathogens Standard.

In October, the dental consultant completed field work and data collection for a collaborative study in which the Maryland State Dental Association and the University of Maryland at Baltimore Dental School participated with the AIDS Administration.

This study evaluated 25 randomly selected private dental offices for compliance with state regulations. Key areas assessed were infection control and employee protection procedures, management of occupational exposures, special medical waste handling and disposal, and recordkeeping. A mailed self-assessment questionnaire, utilizing the identical instrument used by the evaluators, will provide follow-up to the on-site inspections.

Preliminary findings indicate that an overwhelming majority of dental offices inspected were in compliance with office infection control procedures

and standards. There was considerably less compliance with recordkeeping requirements. This study shows that dentists and their office staff are obtaining continuing education about HIV/AIDS, other infectious diseases and training in infection control.

Counseling and Testing Services

The AIDS Administration funds local health departments or contracts with community-based organizations to operate 54 designated HIV Counseling and Testing Services (CTS) sites throughout Maryland. In addition, all local health department Sexually Transmitted Diseases (STD) and most other clinic programs are offering HIV risk assessment and counseling and testing to their clients, for a total of 246 sites in the state.

The Counseling and Testing Services program provides HIV health education and risk reduction counseling, at no charge, to any Marylander. This service includes voluntary HIV antibody testing and post-test counseling upon receipt of test results and serves persons who self identify as at-risk. Both pre-test and post-test counseling are intensive, one-on-one educational sessions geared towards modification of the personal behaviors that place individuals at risk for HIV infection. In Maryland, clients have the choice to use either anonymous or confidential testing sites.

Pre-test counseling is the first step in the testing process. During this counseling, the patient or client is informed about HIV disease, how to prevent HIV transmission, the meaning or implications of a negative or positive HIV antibody test, and how to assess whether HIV testing is appropriate for the patient.

Over 89,700 persons were pre-test counseled during 1992. Of these, 69,462 were tested for HIV antibody. Overall, 41,571 persons (59.8 per cent) returned for post-test counseling. Of the 1,161 individuals who tested HIV positive, 879 (75.8%) returned for post-test counseling and referral for services.

During post-test counseling, the individual is informed of the test result (negative, indeterminate, or positive) and HIV/AIDS prevention counseling is reinforced. Those individuals testing indeterminate are counseling to consider another HIV test in three months. Additional counseling is given to those testing positive for HIV, including information about reducing the risk of further transmission of HIV, and the importance of notification of sexual and needle-sharing partners and their referral for HIV antibody testing.

Seropositive individuals receive referrals for medical and psychological follow-up, including early screening for and treatment of other sexually transmitted diseases and tuberculosis.

Division of Public Information

The Division of Public Information releases information about HIV infection and AIDS through various media to the citizens of Maryland, and acts as liaison between the AIDS Administration and the media. This includes preparation of press releases; publication of newsletters, brochures and fliers; preparation of speeches and correspondence; coordination of special events; and use of advertising through both electronic and print media.

♦ Advertising

During 1992, this Division conducted an advertising campaign on radio, through mass transit facilities and in newspapers/newsletters. All materials used in the campaign were developed by the Division, with approval of the Community Review Panel. The campaign theme of "Think Safer Sex" stressed health education/risk reduction, and was geared primarily towards the African American community, although the theme easily converted to the general population.

It reached an estimated 1,000,000 listeners through radio, approximately 55,000 subway riders (daily figure), 9.6 million bus riders (monthly figure), and an average 10,000 to 25,000 newspaper readers (depending on circulation) in each of the five separate publications. The campaign was financed entirely with federal funds from the Centers for Disease Control and Prevention.

♦ Press releases, brochures and correspondence

During 1992, the division prepared four press releases on HIV/AIDS-related issues. Subject matter ranged from publicizing an HIV/AIDS-related conference to information about important changes to the Maryland AIDS Drug Assistance Program (MADAP) and the new AIDS case defininition. These releases are mailed by the DHMH Office of Public Relations to a media list containing over 400 listings.

The division released a brochure and flier promoting MADAP, produced an HIV/AIDS awareness brochure designed for distribution to marriage license applicants, produced two general information fliers, produced a poster illustrating universal precautions, and began work on two brochures

related to sexual assault and HIV/AIDS.

There were 500 MADAP brochures and 200 fliers distributed; and 50,000 marriage license brochures delivered to Clerks of the Court in each Maryland subdivision for distribution to those applying for marriage licenses.

- **Speeches and Correspondence**

Three HIV/AIDS-related speeches were written for the Director of the Administration to present to medical professionals and concerned citizens. Topics ranged from updates on HIV/AIDS to policy issues surrounding the disease. Correspondence was prepared for the Governor, Secretary and Director answering citizens' concerns about HIV disease and AIDS.

- **Special Events**

During 1992, the division coordinated Administration participation in three special events, including the Maryland State Fair. Also, arrangements were made for two groups of foreign visitors to the AIDS Administration. Preparations included coordination of on-site presentations, and a site visit to a drug prevention AIDS program in Maryland. Several thousand brochures were distributed at these special events.

Other AIDS Administration Presentations

In addition to the many initiatives already outlined, numerous other presentations have been presented by staff assigned to the AIDS Administration.

The Director of the Administration gave 24 HIV/AIDS Update presentations or talks on HIV/AIDS policy during 1992, reaching approximately 900 health care personnel and concerned citizens.

The Assistant Director for AIDS Health Services made approximately 20 HIV/AIDS-related presentations to nearly 400 medical students and health care professionals.

Staff from the Center for AIDS Epidemiology presented over 50 talks on the expanded AIDS case definition and the AIDS case reporting procedures and requirements to staff in local health departments and other health care personnel. Also, dozens of requests for statistical data from the media and the general public were compiled by Center staff.

Local and Family Health Administration

Many HIV/AIDS-related educational initiatives took place through Local Health Departments of the DHMH Local and Family Health Administration. Most of these are discussed in Division of Public Education and Division of Professional Education and Patient Services sections of this report.

Other Local and Family Health Administration activities include:

- the Division of Health Education assisting the Queen Anne's County Migrant Health Program in planning, organizing and conducting a camp health aides training program designed to stress preventive health measures, including how to prevent the transmission of HIV. The presentation included a video tape in Spanish, an AIDS handshake game, a demonstration on how to use a condom, a demonstration on needle cleaning, and a group discussion.
- the education of all prenatal clients of the Women Infants and Children program through a brochure. In addition, clients in some counties are also given verbal HIV/AIDS prevention information. Any pregnant or post-partum clients who acknowledge high-risk behavior are referred for HIV screening.
- a presentation by an Office of Child Health staffer on "Clinical Care of the HIV Positive Child in the School Setting" to over 300 school nurses.

Alcohol and Drug Abuse Administration

The DHMH Alcohol and Drug Abuse Administration (ADAA) targets three categories of individuals for HIV/AIDS education outreach:

- clients in alcohol or drug abuse programs who are infected with HIV,
- clients within alcohol or drug treatment programs who are at risk for AIDS, and
- individuals not in addiction treatment programs who are at high risk for AIDS because of high risk behaviors, especially substance abuse.

ADAA uses several approaches to help prevent the spread of AIDS among the populations cited above and to provide adequate services to people with HIV/AIDS who are already in addiction programs. These approaches include:

- Education of Clinical Staff in Treatment Programs,
- HIV/AIDS Risk Assessment and Risk Reduction Counseling,
- Admission Priority,
- HIV Coordinators in Addictions Programs, and
- "Street Outreach".

I. Education of Clinical Staff in Treatment Programs

Counselors in treatment programs across the state receive education and training about HIV/AIDS, including transmission, infection control, use of clean needles, guidelines for safer sex, and education and counseling of chemically dependent clients about HIV/AIDS.

The ADAA Office of Education and Training for Addiction Services (OETAS) conducts several programs, including a "Basic Addiction Training for HIV Antibody Counselors." Designed to increase the skills of HIV antibody counselors in identifying, evaluating and responding to a wide variety of clinical conditions and social situations related to alcohol and drug abuse, this course served 48 persons in 1992.

Another OETAS program, entitled "Social Impact of Addictions/HIV," reached 55 individuals in 1992. This course is designed to increase the skills necessary in addressing the problems encountered while treating chemically dependent persons in treatment-type clinic settings.

Twenty-four individuals were served by the "OETAS Institute/Dundalk Community College Chemical Dependency Counseling Course 102." This is a comprehensive course designed to educate the student about the major clinical issues encountered as a chemical dependency counselor, including working with HIV positive individuals and persons with AIDS.

II. HIV/AIDS Risk Assessment and Risk Reduction Counseling

An HIV/AIDS risk assessment is done on every client entering an alcohol or drug abuse treatment program in Maryland. Risk reduction counseling is done for each client on the basis of the assessment. This service is conducted within 30 days of a client's admission to a program and is documented in the client's record.

III. Admission Priority

Every attempt is made to give admission priority to drug treatment programs to individuals with HIV/AIDS.

IV. HIV Coordinators in Addictions Programs

These coordinators work primarily with clients and staff in ADAA methadone programs, but are available to other clients and programs as well. Duties include planning, organizing and disseminating AIDS information; and providing on-going communications to staff about AIDS prevention, education techniques and resources, community referral sources, updates on AIDS research, and procurement for AIDS-related services. They also facilitate support groups for individuals who are HIV positive, and present information about HIV/AIDS to females of child-bearing age and to pregnant females. The coordinators arrange, and in some instances provide, HIV pre- and post-test counseling.

HIV Coordinators are in addictions programs in Anne Arundel, Baltimore, Frederick, Prince George's and Wicomico Counties and in seven methadone clinics in Baltimore City. In 1992, there were approximately 4,000 admissions to ADAA-funded methadone programs. The HIV coordinators meet on a monthly basis for in-service training and mutual support.

V. "Street Outreach"

In the Street Outreach for AIDS Prevention (SOAP) Program, recovered injecting drug users (IDU) are

employed as outreach workers who canvass areas know to be meeting places for IDUs and their sexual partners. Prostitutes are also targeted for outreach by the workers. They distribute HIV/AIDS-related educational and prevention information and refer addicts who want to give up drugs to appropriate programs.

There are six full-time outreach worker and a Coordinator in Baltimore City and two part-time workers in Prince George's County. One worker in Prince George's County specifically targets pregnant and post-partum women through the Infants at Risk program at Prince George's General Hospital.

In addition to having its own outreach team, Baltimore City contracts with the Health Education Research Organization (HERO), where a pilot program called "AIDS/Substance Abuse Prevention" (ASAP) was formed in 1992. This program concentrates counseling activities in HERO's Drop-In Center for people with AIDS by providing intensive outreach on an individual basis to both HIV- positive and seronegative substance users and their significant others. ASAP reaches over 100 HIV-positive substance abusing clients each month, and at least 100 persons at risk for HIV disease are also contacted each month.

Finally, the Ujima Women's Outreach Project, which features a general health services van serving women who are engaged in the sex industry or who are sexual partners of IDUs, includes HIV prevention messages when travelling in selected areas of Baltimore City.

Developmental Disabilities Administration

The Developmental Disabilities Administration (DDA) has addressed HIV and AIDS issues through education and training programs. These were carried out both with direct education presentations on AIDS and indirectly through the training programs on universal infection control precautions as related to the federal Occupational Safety and Health Administration guidelines and regulations.

A breakdown of AIDS-related activities in DDA regions follows.

♦ Central Region

The major organizations that provided services to the developmentally disabled have all incorporated AIDS education/bloodborne pathogens in their regular training program for new staff and in their regular in-service programs. These organizations include the Association for Retarded Citizens, Chimes, and United Cerebral Palsy. Three sessions were also presented to 30 persons at the Walter P. Carter Center.

♦ Southern Region

In Southern Maryland, three training sessions were held at the State Residential Center at Great Oaks. Other training sessions on AIDS and AIDS-related subjects were presented by other agencies. This training was incorporated in their regular training program for new staff and in their regular in-service programs.

♦ Eastern Region

Four sessions were presented in the Eastern Region, as follows: Safe Training of Trainers by Kennedy Krieger Institute; Preventing Sexual Exploitation; Bloodborne Pathogens - Wicomico Teen Adult Center; and Sexual Policy Development.

♦ Western Region

There were three regional training sessions in the Western Region. In the first, 16 individuals attended a presentation on the OSHA/MOSH Regulations. The second, attended by eight persons, was titled "Sample Training Session for Bloodborne Pathogens", and the third had 14 attending to hear a seminar for trainers on "Stopping AIDS Through Functional Education."

Mental Hygiene Administration

Extensive HIV education takes place throughout Mental Hygiene Administration (MHA) programs. The Administration has 12 inpatient facilities and provides funding for 28 community rehabilitation programs, 42 residential programs and 46 community mental health centers. In addition, MHA co-sponsored the second annual "HIV: New Frontiers for Mental Health" conference, and participates in HIV train-the trainer programs.

- At each of the 12 inpatient facilities run by MHA, all staff and clients receive HIV/AIDS education. During 1992, 4,165 staff and 3,755 clients were presented with HIV/AIDS information. Content for staff education includes HIV/AIDS transmission, prevention, and universal precautions. Clients receive education on transmission, safer sex practices and prevention.
- Community rehabilitation and residential programs provide basic HIV education information to staff. Staff from Health Education Resources Organization, local health departments, the AIDS Administration, University of Maryland, and private organizations provide HIV education to staff and clients. Several programs provided comprehensive educational programs to address the needs of their clients during 1992.
- Community mental health centers use outside-sponsored workshops and conferences for the majority of the HIV education for staff. HIV risk assessments are routinely done on all clients and counseling and referral services are offered.
- The "HIV: New Frontiers for Mental Health" conference was designed to enhance the abilities of professionals to identify and provide appropriate care to individuals with chronic mental illness, substance abuse problems and HIV disease. Over 300 persons, with at least 100 from MHA programs, attended.
- The HIV train the trainers program, co-sponsored by MHA and the AIDS Administration, provides high quality education and skill building techniques for DHMH employees. In 1992, 75 MHA staff were trained through this program.

Legislation

During the 1992 session of the Maryland General Assembly, four HIV-related bills were passed and subsequently signed into law.

HB 257 renamed the Maryland AIDS Insurance Assistance Pilot Program as "Maryland AIDS Insurance Assistance Program" and made other minor changes in the language of the law relating to this program.

HB 388, the HIV Protection Act, was intended to enhance the protection of both health care workers and patients by requiring use of universal infection control precautions in all patient care settings. This law also required the Department, in conjunction with other specified groups, to develop a sign explaining universal infection control precautions to a layperson. All health care facilities and professionals with private offices must post the notice. Professional licensing boards and the Division of Licensing and Certification of the Department of Health and Mental Hygiene can sanction licensees for failure to comply with provision of this law.

HB 460, as amended and signed into law, required the Department of Health and Mental Hygiene to develop a unique patient identifying number system for use in reporting cases of asymptomatic HIV infection or CD4+ counts less than 200. A report on progress in developing a unique identifier was required by December, 1992. Implementation of the reporting system must occur by October, 1993.

HB 505 was intended to provide information to victims of sexual assault or other crimes which could have resulted in transmission of HIV. It permits a victim to request HIV testing of an accused or convicted offender and to be notified of the test result. If the individual has not yet been convicted of the crime, the court must hold a hearing to determine the appropriateness of the HIV testing.

The Governor proposed one AIDS-related bill for consid- eration by the Maryland Gener- al Assembly in 1993: reporting by laboratories of positive HIV test results or low CD4+ counts, using patient names.

Conclusion

Personal choices continue to be the best means of preventing morbidity and mortality from HIV infection. But individuals must be educated about HIV infection before they can make appropriate choices about safer behaviors.

This report outlines the extensive educational efforts of DHMH in the past year. Since there are over four million Marylanders to educate, the Department of Health and Mental Hygiene complements its own staff with outside volunteers and organizations. We will continue to use the strategy of educating key people -- including designated trainers, health care providers, and peer leaders -- who can assist in the critical task of ensuring that each Marylander understands how to protect himself or herself and others from the threat posed by further spread of the human immunodeficiency virus.

The Department of Health and Mental Hygiene and the AIDS Administration are firmly committed to involving as many people as possible in AIDS educational efforts so that all of the State's citizens accept AIDS as an issue with which we must all deal.

That commitment includes educating health care professionals about the most recent developments in care for HIV disease and its complications, especially as new drugs and therapies are developed. This will help to assure that persons with HIV have access to the most current treatment available from their local providers.

For those already infected with HIV, there continues to be considerable progress toward developing new drugs which prevent or treat complications of HIV and forestall the progression of HIV.

Since the early years of the epidemic, the Department of Health and Mental Hygiene has demonstrated its commitment to assuring the availability of quality public and professional education programs about HIV and AIDS. As long as resources permit, that commitment will continue as a necessary complement to life-sustaining health care and social services for persons infected and affected by HIV.